DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-4614 (Rev. 8-70)	REPORT OF ILLNESS OF RESERVIST				
MCM (CG-241). Us	UCT and IN LINE OF DUTY determina e this form ONLY for ACDU where ord 4 copies to Commandant (G-LGL) via t	ers are not in excess of 30 days,	ACDUTRA or INACDUTRA.		
From: Commanding	Officer,				
To: Commandan	t (G-LGL)				
Via: Commander, Coast Guard District					
1. NAME (Last, first, middle	initial)	2. SERIAL NO.	3. RANK/RATE		
			USCGR-		
4A. DATE ILLNESS FIRST NOTED, IF KNOWN		4B. DATE ILLNESS FIRST TREATED			
5. NAME OF DOCTOR (If military, include rank and service)		ADDRESS OF DOCTOR (Include Zip Code)			
6A. DIAGNOSIS		6B. PROGNOSIS			
7. THE ILLNESS WAS/WILL BE: TEMPORARY CHRONIC, BUT NOT PERMANENTLY DISABLING DISABLING					
8. ESTIMATED LOSS OF TIME FROM DUTY OR DATE FIT FOR FULL DUTY					
9. HOSPITALIZATION AND/OR TREATMENT BE COMPLETED PRIOR TO TERMINATION OF TRAINING DUTY. ESTIMATED DATE RESERVIST WILL BE RELEASED FROM INPATIENT TREATMENT 19 AND FIT FOR DUTY 19					
10. MEMBER WAS:		AND			
PERFORM	ING MILITARY DUTY	ON 45 DAY COMPLIANC	E MEASURE ORDERS		
PRESENT FOR DUTY		ON ACDUTRA OR ACDU	J ORDERS FOR 30 DAYS OR LESS		
PARTICIPATING IN SERVICE-PLANNED RECREATION		ON ACDUTRA ORDERS	S FOR MORE THAN 30 DAYS		
ON AUTHO	DRIZED LEAVE OR LIBERTY	ON INACTIVE TRAINING	DUTY REQUIRING ORDERS		

11. ATTACH CERTIFIED COPY OF ORDERS TO ACTIVE OR INACTIVE TRAINING DUTY, AS APPLICABLE				
REPORTED FOR DUTY	DATE	TIME	PLACE	
RELEASED FROM DUTY	DATE	TIME	PLACE	

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12.	As a result of my investigation, I have determined the circumstances to be: (Include all pertinent details of symptoms and medically accepted estimated incubation period of disease.)				
13.	Sources of information (list and identify documents, doctor's statements and Reservist's statement, if any; attach certified copies of each.)				
14.	RECOMMENDATION(S):				
	Notice of Eligibility for Disability Benefits, including pay and allowances, be issued.				
	Notice of Eligibility for Disability Benefits, (medical treatment only) be issued.				
	Other:				
15.	It is the opinion of the undersigned that the illness in question was incurred IN LINE OF DUTY and WAS NOT DUE TO MISCONDUCT.				
	19				
	Signature 16. ACTION OF THE DISTRICT COMMANDER OR COMMANDING OFFICER TRAINING CENTER				
16.					
1.	FORWARDED, for the following reasons:				
2.	(If on ACDUTRA orders stipulating more than 30 days, and not on compliance orders under 10 USC 270(b)). A Notice of Eligibility for Disability Benefits, including entitlement to pay and allowances, been issued.				
	OR OR				
2.	2. (If on ACDU or ACDUTRA orders for 30 days or less, on compliance orders under 10 USC 270(b) or on INACDUTRA). A Notice of Eligibility for Disability Benefits entitling the member to medical treatment only,				
	been awarded. (DELETE THE INAPPLICABLE STATEMENT ABOVE)				
	Signature				
	17. ACTION OF COMMANDANT				
17.					
	APPROVED.				
	☐ DISAPPROVED for the following reasons:				
	RETURNED for the following action:				

Signature